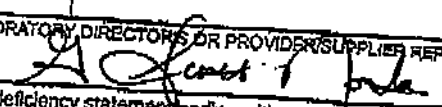


45 9/20/14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445123	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING		(X3) DATE SURVEY COMPLETED 08/04/2014
NAME OF PROVIDER OR SUPPLIER ALEXIAN VILLAGE OF TENNESSEE			STREET ADDRESS, CITY, STATE, ZIP CODE 571 ALEXIAN WAY SIGNAL MOUNTAIN, TN 37377		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 147 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to provide Ground Fault Circuit Interrupters in wet areas.</p> <p>The findings include:</p> <p>Observation and interview with the maintenance director, on August 4th, 2014 at 11:30 a.m., revealed no GFCI protection was provided on outlets installed in the 6th floor clean utility room and the 7th floor med room. The currently installed outlets are within 6 feet of a sink. NFPA 70 210-9 (a)(7)</p> <p>This finding was verified by the maintenance director and acknowledged by the facility administrator during the exit conference on August 4th, 2014.</p>	K 147	<p>K147 NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>The identified circuits were provided with GFCI protection by and electrical contractor by the end of the business day August 4, 2014.</p> <p>Community EVS staff will monitor wet locations to ensure that all circuits within 6 feet of a water source will be protected by a GFCI circuit.</p> <p>The Director of EVS or designee will report correction of any newly identified non-protected circuits to the QAA Committee quarterly.</p>	08/16/14	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 			TITLE Admin		(X6) DATE 8/22/14

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.